

CLAIMANT'S NAME AND ADDRESS

DATE

## TOWN OF FISHKILL

807 Route 52 Fishkill, NY 12524 (845) 831-7800

## VOUCHER

Tax Exempt #14-6002179

MUNICIPAL USE - DO NO	WRITE IN BOX	
Purchase Order Number:		
Date Voucher Received:		
FUND APPROPRIATION	AMOUNT	
And the state of t		
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. TOTA	L	
Vendor ID:		

Date	Invoice #	Description of Materials or Services	Quantity	Unit Price	Amount
				TOTAL	

## VENDOR/CLAIMANT'S CERTIFICATION

	, certify that the ab	ove account in the	ne amount of \$ is	true
and correct; that the items, services and disbursements that taxes from which the municipality is exempt, are no				r satisfied
Date	Original Signature		Title	
Mail, do not fax this document.	Thermal paper is not	acceptable	e, original signature required.	
	(Space Below for Municip	oal Use)		77
DEPARTMENT APPROVAL The above services or materials were rendered the municipality on the dates stated and the cha		DATE	AUTHORIZED OFFICIAL	
		DAIL		
			APPROVAL FOR PAYMENT	
	This cla	im is approved a	ind ordered paid from the appropriation indicated	above.

DEPARTMENTAL HEAD

DATE

COMPTROLLER